

AMENDED CLASSIFICATION REQUEST

COMMERCIAL INSTRUCTIONS

NOTE: If you propose to do any of the following classifications you must indicate that class on the appropriate lines on page one of the Amended Class form and you must attach a copy of your Arkansas trade license/certificate. **If** the trade license holder is an employee you must attach a copy of the employees Arkansas trade license/certificate and complete section 4.

HVACR
Boiler Construction
Lead Abatement
Underground Storage Tanks

Plumbing
Boiler Repair
Elevators
Fire & Burglar Alarms

Electrical
Asbestos Abatement
Fire Sprinklers

If you are requesting any specialty class that requires you to hold any Arkansas certificate or license from the Arkansas Department of Environmental Quality, Department of Health, Department of Labor, State Police, or other agency, Board or department, those must be in place before requesting the specialty.

Example: Boiler Construction & Repair requires a Boiler License from the Arkansas Department of Labor.

1. AMENDED CLASSIFICATION

Mark the class that you are requesting. If you are requesting a specialty, write that specialty on the line(s) supplied. **If you are going from a specialty to a larger class remember that your net worth will have to meet the minimum requirements. If you need to submit a financial statement it has to be at least a reviewed statement before we can accept it for any commercial class.**

2. PAST WORK EXPERIENCE

List some jobs that you have done in the class you are requesting. Remember you must have (5) five years experience (4 YEARS FOR RESIDENTIAL). **If you are requesting Building do not supply references for portions of a building, such as masonry, or roofing; send references that contain the complete building, from the ground up.**

- a. **Do not give relatives or other people in your organization as references.**
- b. Make sure the reference sheets are completed and returned with the amended class request showing five (5) years experience in the classification requested for **commercial** and four (4) years experience for **Residential**
- c. Please print or type clearly.

3. QUALIFIER EXPERIENCE (AS DESCRIBED IN NOTE ON TOP OF PAGE 1)

If you have hired an individual that has the experience and/or trade license that you need to get a class, put the information about that individual on lines 3a and 3b. If the experience is within the organization, list the principal individual that has Hands on work experience in the requested class.

ADDING THE RESIDENTIAL CLASS

If you have a commercial license with either a building or light building classification you have met the requirements for the residential class to be added to your license and can simply make the request on this form. If you are a commercial contractor with any other class on your license you will have to supply 4 years of verifiable references (not relatives) and are for work done in all areas of building in excess of \$20,000.00 per job.

Examples:

If you have a commercial license in roofing and give references that indicate you do roofing you will not meet the experience requirement to have the residential class.

If you have a commercial class for concrete, carpentry, framing and millwright and you give 4 years experience in home construction or complete residential room additions and larger remodeling jobs (in excess of \$20,000.00) you possibly could qualify.

DEFINITIONS

QUALIFIER: A person that has passed the appropriate trade examination. To act as a "Qualifying Party" a person must be either; (1) a sole owner; (2) a partner of the partnership; (3) an officer of the corporation who is actively engaged in the day to day activities of the company; (4) a member of the Limited Liability Company who is actively engaged in the day to day activities of the company; (5) a partner of the limited Liability Partnership who is actively engaged in the day to day activities of the company; or (6) a full time employee of the company.

FULL TIME EMPLOYEE: A person who is an actual employee of the business, not an independent contractor. The person must work, on average, 30 or more hours a week for the business (1500 hours per year), must not be paid as an independent contractor (not receive a "1099" for his earnings but receive a "W-2" for his earnings). A full time employee is not someone who is hired "job to job" as needed. Other factors to be considered in making this determination include, but are not limited to: whether the business pays for workman's compensation insurance on the individual, whether the business pays payroll taxes on the individual, the amount of control the business has over the activities of the individual, the ownership of the tools used by the individual and, whether the individual maintains his own business separate from the business in question.

This amended class form will not be considered complete unless the form, the affidavit and the three reference letters are returned as well as the copies of the required trade licenses as described in the first page.

AMENDED CONTRACTORS CLASSIFICATION

State of Arkansas
CONTRACTORS LICENSING BOARD
4100 Richards Road.
North Little Rock, Arkansas 72117
Main Phone (501) 372-4661 / Fax (501) 372-2247

STATEMENT OF EXPERIENCE

Use The Name Your Current Contractors License Is Issued In

Licensed Entity Name:	Years Experience (Under Current Name)
Principal Office and Address	Contractors License Number

1. REQUESTED CLASSIFICATION: Please check
- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Heavy Construction | <input type="checkbox"/> Light Building | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Highway, Railroad & Airport | <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Municipal & Utility | <input type="checkbox"/> Mechanical | |
| <input type="checkbox"/> Building | <input type="checkbox"/> Specialty (List specific specialty requested below) | |

2. PAST WORK EXPERIENCE:

List a few representative projects your organization or qualifying individual has completed. Only list those projects that will show experience **of at least five (5) years for the classification requested**. This does not have to be consecutive years as long as you can clearly show overall five (5) years experience. The contact person you list will need to be available between the hours of 8:00 a.m. and 4:00 p.m. Please make sure you have the correct phone number listed.

Year	Type of Work	Contract Amount	Personal Contact/Company Name	Telephone number

3. QUALIFIER EXPERIENCE:

List the construction experience for the principal individuals or employees of your organization to support the requested classification also list the TRADES LICENSES TO SUPPORT THE TRADE CLASSES. EXAMPLE: ARKANSAS MASTER ELECTRICAL, PLUMBING, CLASS A OR B HVACR, ASBESTOS, UNDERGROUND STORAGE TANKS, FIRE ALARM, ETC.

Employee Name	Position/Title	Years Experience	ARKANSAS MASTER ELECTRICIAN NUMBER	ARKANSAS MASTER PLUMBING NUMBER	ARKANSAS CLASS A or B HVACR NUMBER	All Other Identify
1.						
2.						
3.						
4.						

4. If any of the following are being requested then attach a copy of your Arkansas trade license/certificate.

Asbestos Abatement	Landscaping w/planting
Boiler Construction or Repair	Lead Abatement
Electrical	Plumbing
Elevator	Refrigeration & Cold Storage
Fire & Burglar Alarm	Sheet Metal, Ducts
Fire Sprinkler	Underground Storage Tank
Gas Fitter	Water Wells
HVACR	

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one attach information separately).

Name _____ Social Security # _____
How long have you been with this company? _____ Position held with this company _____
Check one of the following: _____ Full time paid employee (with W-2 income)
_____ Officer, member, or partner of the company and is actively
involved in the day to day operations
_____ Sole Owner

AFFIDAVIT

_____, being duly sworn, deposes
(Owner/Officer/Partner/Member)

and says: That the foregoing statement of experience and all statements herein contained are true and correct and shall become a part of the present valid application on file. That the foregoing statement is submitted to the Contractors Licensing Board and/or Contractors Residential Committee for the purpose of amending the present valid license and that any depository, vendor or other agency herein named is hereby authorized to supply the Contractors Licensing Board and/or Contractors Residential Committee with any information necessary to verify these statements.

Owner/Officer/Partner/Member

State of _____
County of _____
Acknowledge before me, this _____ day of _____, 2011
My commission expires: _____

(SEAL)
Notary Public Signature

REFERENCE INFORMATION

(Please Type or Print)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM
IS TO VERIFY WORK
EXPERIENCE, NOT CREDIT
HISTORY.

1. Are you related or affiliated to the owners of the company or any of the employees?
yes _____ no _____
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. How long have you known this individual or company's work? _____
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed _____

5. List any projects this company or individual has completed that you have first hand knowledge of: (be specific - list name of project(s), dollar amount and sq. ft. if applicable and the dates the project (s) was done) _____

6. Has this company or individual ever failed to complete a project or job that you are aware of?
yes _____ no _____ If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs. _____

8. Would you recommend this company to be a licensed contractor? Yes ____ No ____ If the answer is no, Why? _____

9. Has this individual or company ever failed to pay for materials, employees or subs that you are aware of? Yes ____ No ____ If yes give details: _____

Reference givers name & address: _____

Signature _____

Date _____

Phone No. _____

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Reference givers name & address: _____

Signature _____

Date _____

Phone No. _____